Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	
National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼
•	C C00488742
N	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee National Association of REALTORS	Date of Public Distribution/Dissemination
Mailing Address 430 N Michigan Ave	09 24 2014
400 N Michigan Ave	Amount
City State Zip Code	800.00
Chicago IL 60611-4011	Transaction ID : EAB23A584FC934D3F8B5 Date of Disbursement or Obligation
Purpose of Expenditure Consulting services Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: X House District: 03
Rep. Joe J. Heck	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
Full Name of Payer	
Full Name of Payee Fenn Communications Group	Date of Public Distribution/Dissemination
Mailing Address 2715 M St NW	09 24 2014
- 2710 W OCIW	Amount
Ste 150 City State Zip Code	346600.00
Washington DC 20007-3733	Transaction ID : E40A4440C98324D269C7
Purpose of Expenditure	Date of Disbursement or Obligation
TV Ad & Production costs Category/ Type	W - W / B - B / Y - Y - Y - Y - Y
Name of Federal Candidate Support Office	Sought: X House District: 18
Rep. Patrick E. Murphy Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General
rei Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	347400.00
(a) CODICINE OF NOTICE MESOPORACINE Experience Control of the Cont	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(a) TOTAL Independent Europelituus	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Michael McGrew	M / D D / Y Y Y Y Y
Signature [Electronically Filed] Date	9 26 2014
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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ National Association of Realtors Congressional Fund C00488742 X New report Check if 24-hour report X 48-hour report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination National Association of REALTORS 09 2014 24 Mailing Address 430 N Michigan Ave Amount State Zip Code 800.00 City IL 60611-4011 Transaction ID: E0DB871987AB64673BD4 Chicago Date of Disbursement or Obligation Purpose of Expenditure Category/ **Consulting Services** Type Name of Federal Candidate Office Sought: 18 X Support X House District: Rep. Patrick E. Murphy FL Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 406470.00 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Peter D Hart Research Associates Inc 09 2014 Mailing Address 1724 Connecticut Ave NW Amount City State Zip Code 29400.00 DC 20009-1103 Transaction ID: E90441E8A63DC4F17A2F Washington Date of Disbursement or Obligation Purpose of Expenditure Category/ Polling Expenses Type Name of Federal Candidate 18 X Support Office Sought: X House District: Rep. Patrick E. Murphy FL Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 406470.00 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 30200.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Michael McGrew [Electronically Filed] 09 26 2014 Date Signature

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<u> </u>	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
National Association of Realtors Congressional Fund	C C00488742	
Check if 24-hour report X 48-hour report New report Amends report file	ed on M=M / D=D / Y=Y=Y=Y	
Full Name of Payee Public Opinion Stratogics LLC	Date of Public Distribution/Dissemination	
Public Opinion Strategies, LLC	09 / 24 / 2014	
Mailing Address 214 N Fayette St	Amount	
City State Zip Code	28000.00	
Alexandria VA 22314-2433	Transaction ID : EBFB9AEA2C68942EB884 Date of Disbursement or Obligation	
Purpose of Expenditure Polling expenses Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate Support Offi	ce Sought: X House District: 03	
Rep. Joe J. Heck Oppose	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought Dis 201		
Full Name of Payer	Other (specify)	
Full Name of Payee Strategic Partners & Media, Inc	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 480	Amount 24 2014	
City State Zip Code	430000.00	
Arnold MD 21012-0480	Transaction ID : E3310A78B827B44D5AEF Date of Disbursement or Obligation	
Purpose of Expenditure TV Ad buy and Production Costs Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate Support Offi	ice Sought:	
Rep. Joe J. Heck Oppose	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	458000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Michael McGrew [Electronically Filed] Date	09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI EIVE	TOTIES	PAGE 4 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) National Association of Realtors C	ongressional	Fund	FEC IDENTIFICATION NUMBER ▼	
			C C00488742	
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee 720 Strategies LLC			Date of Public Distribution/Dissemination 09 09 09 09 09	
Mailing Address 1111 19th St NW			Amount	
City	State	Zip Code	3500.00	
Washington	DC	20036-3603	Transaction ID : EAC1FEB5D19E04D0AB14 Date of Disbursement or Obligation	
Purpose of Expenditure Website Design costs		Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 03	
Rep. Joe J. Heck		Oppose	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		487300.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
JKM CONSULTING			09 / 25 / 2014	
Mailing Address 4441 Klingle St NW			Amount	
City	State	Zip Code	25000.00	
Washington	DC	20016-3578	Transaction ID : E918B6E6104CD4DBABA Date of Disbursement or Obligation	
Purpose of Expenditure Online video production costs		Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate		X Support	Office Sought:	
Rep. Joe J. Heck		Oppose	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		487300.00	Disbursement For: Primary ☐ General Other (specify) ☐	
(a) SUBTOTAL of Itemized Independent Expenditures				
(-,			7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Michael McGrew Signature	[Electro	nically Filed] Date	9 09 26 7 2014	
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NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Association of Realtors Congression	C C00488742	
Check if 24-hour report X 48-hour report Ne	w report Amends report filed	I on Mam / Dad / Yayayay
Full Name of Payee Strategic Partners & Media, Inc		Date of Public Distribution/Dissemination
		09 / 25 / 2014
Mailing Address PO Box 480		Amount
City State	Zip Code	346000.00
Arnold MD	21012-0480	Transaction ID: E4535739AF74D407298D Date of Disbursement or Obligation
Purpose of Expenditure TV Ad buy and Production costs	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office	e Sought: X House District: 06
Ryan Costello	Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	Disbt 2014	
Full Name of Days		Other (specify)
Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination O9 25 2014
Mailing Address 430 N Michigan Ave		Amount
City State	Zip Code	200.00
Chicago IL	60611-4011	Transaction ID : E18CBE7A81A9A4D969F2 Date of Disbursement or Obligation
Purpose of Expenditure Consulting Services	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	X Support Offic	e Sought: X House District: 06
Ryan Costello	Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	682034.00 Disb 2014	ursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	346200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	dectronically Filed] Date)9 / Da D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 6 OF 7 FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)	d	FEC IDENTIFICATION NUMBER ▼	
National Association of Realtors Congressional F	-una	C C00488742	
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full Name of Payee		Date of Public Distribution/Dissemination	
Terris Barnes & Walters		09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 400 Montgomery St		Amount	
Ste 900	7: 0 1		
City State San Francisco CA	Zip Code 94104-1223	308136.00 Transaction ID : EAE0D83B02B6D43AFA76	
	94104-1223	Date of Disbursement or Obligation	
Purpose of Expenditure Direct mail costs	Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate	Support 0	Office Sought: X House District: 18	
Rep. Patrick E. Murphy	Oppose	President Senate State: FL	
Calendar Year-To-Date		Disbursement For: Primary X General	
Per Election for Office Sought	14000.00	Other (specify) ▶	
Full Name of Payee Strategic Partners & Media, Inc		Date of Public Distribution/Dissemination	
Strategic Faithers & Media, Inc		09 26 / Y Y Y Y Y	
Mailing Address PO Box 480		Amount	
City State	Zip Code	94000.00	
Arnold MD	21012-0480	Transaction ID : EE65804ECF5BE4C0F971 Date of Disbursement or Obligation	
Purpose of Expenditure Internet Ad buy and production costs	Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate	X Support	Office Sought: House District: 06	
Ryan Costello	Oppose	President Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General	
Tel Election for Office Cought	1 / / /	Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures		402136.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		>	
(c) TOTAL Independent Expenditures			
		7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Michael McGrew	ioglly Eilo II	M M / D D / Y Y Y Y	
Signature	ically Filed] Date	09 26 2014	

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ National Association of Realtors Congressional Fund C00488742 X 48-hour report X New report Check if 24-hour report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Majority Strategies 09 2014 26 Mailing Address 135 Professional Dr Amount Ste 104 State Zip Code 244985.00 City Transaction ID : E8EB3B504FFA145FCA8E FL 32082-6277 Ponte Vedra Beach Date of Disbursement or Obligation Purpose of Expenditure Category/ Direct mail costs Type Name of Federal Candidate 03 Office Sought: X Support X House District: Rep. Joe J. Heck NV Oppose President Senate State: ✓ General Disbursement For: Primary Calendar Year-To-Date 732285.00 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 244985.00 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 1857421.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Michael McGrew [Electronically Filed] 09 26 2014 Date Signature

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